CENTRAL DISTRICT HEALTH DEPARTMENT
BOARD OF HEALTH MEETING
April 22, 2005

BOARD MEMBERS PRESENT:

Dr. Martin Gabica, Chair	Jane Young, RN, ND, CRNP
Steven Scanlin, Trustee	Betty Ann Nettleton, RN
Mary Egusquiza-Stanek, Vice-Chair	Bill Wheeler, R.Ph
Commissioner Fred Lawson	Kathy Holley, Secretary

CENTRAL DISTRICT HEALTH DEPARTMENT (CDHD) ATTENDEES:

Meghan Muguira	Rob Howarth	Tom Turco
Kathy Hansen	Cindy Trail	Dave Fotsch
Tom Schmalz	Karen Martz	Margaret Ross

Guest: Katie Troshynski, WIC Dietetic Intern

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The Board of Health meeting was called to order at 1:10 p.m.

ACTION ON JANUARY 21, 2005 MEETING MINUTES – Dr. Gabica

Motion: Mr. Scanlin moved to approve the minutes of the January 21, 2005 Board of Health meeting as presented; Mrs. Nettleton seconded; all in favor; motion carried.

TRUSTEE REPORT – Steve Scanlin

Report of Legislative Session

Mr. Scanlin reported on the bills that passed:

Senate Bill 1122 – Meth Lab Cleanup
Senate Bill 1130 – Amended motorcycle/AV helmuts for less than 18 years
House Bill 178 – Child Passenger Safety up to 6-years in booster seats
House Bill 41 – Allows retired physicians to get licenses
House Bill 296 – Millenium Funding Bill – the Governor recommended $515,000, we got $336,000.
House Bill 346 – Annual Appropriation Bill – the Governor recommended $10,040,000 for all health districts, we got $9,624,600, which is a maintenance budget.
Senate Bill 1230 – Partial Funding for the 27th Pay Period. We got $271,400 to divide amongst all 7-health districts.
House Bill 351 – Abortion Parental Consent Law

Mr. Scanlin reported on bills that failed:

House Bill 143 – Sewage Treatment Plans for remodels only need an engineers signature and DEQ will be held to a timeline of 45-days.
Senate Bill 1140 – Family Planning Waiver providing for family planning services for women over 19 years of age that have had a child.
House Bill 272 – Restricted pseudoefedrine sales to be sold behind the counter

Mosquito Abatement Districts were changed on how they were formed and what could be included in them.
House Bill 250 – Child Care changing who needed to be licensed and how they are charged.

Mr. Scanlin commented that either he or Kathy Holley attended every teleconference meeting. He said that Nancy Rush did a particularly good job this year representing all of the districts.

IAB Annual Meeting

Mr. Scanlin reminded the Board that the IAB is in Lewiston this year, June 15 – 17. Please fill out your registration forms. This is an annual chance to get together as state boards to share ideas.

Mrs. Holley said that Vince Cabello, who was the public information officer for Mayor Guilliani during 9/11, is one of the speakers. He will be talking about Risk Communication.

FINANCIAL REPORT – Meghan Muguira

March Budget to Actual Report

Mrs. Muguira reviewed the financial report handout.
Revenue/Fees – Flu was broken out. Overall we are 8% over budget on our fees. About $160,000 over budget.
Contracts – are up and down since they are collected at different times of the year. Nothing new. Expect them to come in as budgeted.
Other Revenue

Senior Nutrition – Donation Revenue. Different definitions were made on what is fund raising and what goes into regular definitions. They are doing great.

Expenditures (Personnel) – currently we have about $99,000 in salary savings (turnover of positions, unfilled positions, salary savings when you hire someone at a lower rate).
Operating Costs – Difficult to look at because of $462,000 HRSA dollars, which is about ½ spent. We are working on reallocation of that and hopefully by the end of June it will all be gone. Otherwise, operating is looking good.
Capital Outlay – is just restating what we have in our budget. The district vehicle, we had planned to get a hybrid car, and by the time we had done our research and study, it was recommended to us that we were too late in the season and were advised to wait and bid out for a new model. That will not be spent this year. We have a request on our new budget for a little bit more to buy a hybrid. Overall I expect to be around the $250,000 carryover at yearend.

Update of miscellaneous fees

Mrs. Muguira summarized fees to get a picture of what they are doing. The Basic Food Safety Class, which is $15 per student. It is designed for the food service worker. There is a Serve Safe Managers Food Safety Certification, which is a new one, which Tom

Schmalz has brought to the district. It is the first year we have implemented this. It is a class designed for food service managers. This one is not based on cost, it is subsidized by district funds. It is primarily public health at its best for food training. We are asking that it cover the cost of the book, postage, exam and provide lunch for this 8-hour course. The going market rate for this class is $85 compared to two other places offering this test. The other classes relate to the costs to do them.

Tom Schmalz gave a plug for the class. He said that these classes are offered to the food operators. There was an article in the newspapers outdoor section advertised for us. So far we have trained about 150 – 200 people in basic food safety. The Serve Safe Class is the 8-hour class is familiar to the restaurant industry. The going-rate is $85 for a $66 book, lunch, and an 8-hour class so we just kept it at the $85. We have put a class on in McCall, and 2-more scheduled. The $30 class is a 4-hour class put on by CDHD. This class has been developed statewide by a State Food Program Coordinator and health districts. So we'll all be offering the same food safety class. We are going to use the Idaho Food Safety manual which is free from the State. Food safety training seems to be going good as we are getting a lot of interest in it.

Motion: Mr. Scanlin moved to approve the Financial Report; Mr. Wheeler seconded; all in favor; motion carried.

FY2006 BUDGET – Kathy Holley

Mrs. Holley presented the "FY2006 Budget – July 1, 2005 – June 30, 2006 packet. She commented that Lance Corpus developed one the best covers yet.

Ada County will be the chairman of the budget hearing committee scheduled for May 20th at 1:00 p.m. prior to our Board Meeting. Mrs. Holley will be going out to each of the Counties. Monday she will be in Boise and Elmore Counties. The following week in Ada and Valley Counties.

This budget is a challenge. It is a $10 million budget. It is about $1 million more than our current budget. The difficulty this year with the budget had to do with the amount of service provisions. We have gotten an unprecedented number of new clients and new services that we are providing and we are using the same level of staffing. Our staff did an incredible job. When we analyzed where we think we'll be next year, about a 16% increase in our contracts, and about 11% increase in our fees, which is a substantial increase in one year. The operating portion went up a huge amount. Page 1 shows it is up 32%. Most of it is HRSA, so that skews the entire operating cost. HRSA is the pass through grant to local hospitals and EMS. We anticipate getting the same amount of pass through money as we got this year.

Mrs. Holley gave a quote from Albert Einstein for this budget, " Not everything that can be counted counts, and not everything that counts can be counted." It really explains where we are at.

Later on Karen Martz will give a report on WIC. It is an excellent example of the challenges that we are facing. WIC experienced a waiting list this year which is the first time in a long time. They have the distinction of having the most non-english speaking clients this year. Contrary to prior years, they are not just Spanish speaking clients, we now have one of our staff speaks Bosnian. We have a number of other languages. It has increased the costs of our program. It is an unfunded mandate to the program, because we have to serve all comers, but there is no appreciation for the fact that you have people that are speaking different languages or that we serve a larger deaf population. Our deaf interpreter costs went up to $30 with a minimum of $60. These are costs that we have to incur by serving the clients yet there isn't any compensation for that sort of thing.

Page 1 is the summary sheet. It shows the changes from 2004 to 2005 to 2006. The only way that we could balance the budget this year was to decrease the FTEs. It is not calling for a lay off. What we did was what we approached you with earlier in the year. We took 2-managerial positions and eliminated them. One when we had a vacancy and one when Tom Turco retires. That allows us to get things shifted so we don't have a lay off situation this year. This the reason why you are seeing some of the savings this year, because the position went vacant in January so we have that cost savings every month for the last 6-months of the FY05 budget.

Benefit costs are incredible. The 27th pay period is an incredible anomoly which only occurs in the Federal Government. There are actually going to be 27 pay periods that we will have to pay this year because of the Fridays. It costs a lot of money to have an extra period. One pay period is a quarter of a million dollars. This picture is positive. The 3% increase that we got from the counties last year, we will actually get 6% increase from the General Fund appropriation, which is incredibally helpful because we need that money just to make ends meet. We are growing faster than any of the other districts. We have way more demands for service than anyone else. We did set up the budget assuming that we would request a 3% increase from the counties. The anticipated general fund amount is $2,250,000, which is still $8,000 below that appropriation we got in FY02. So when they did that drastic cut we are still coming up. So when you think of all the costs we have in the district and then you look at the fact that we still aren't quite up to where we were 4-years ago.

Page 2 is the detail by counties. When we go to request money from the counties, it is done based upon a formula that is in code. 30% of the request is based upon market value and 70% is based upon population. Meghan has the figures that we pull it from, but it is specific from code where we find it and which numbers we use. To increase the 3% overall, the percentage varies by county because of their market value and their population. This year it is a complete shift from way that it has been from the last 4-5 years. Ada Counties 3% increase is about $44,000; Boise Counties 3.1% increase is $1,000; Elmore County actually receives a decrease even though their market value went up there population went down and their value didn't go up as much as everyone else, so they have a decrease of $174; and Valley County's increase is going up 9.3%. The reason for that is explained on the next page. When you look on the worksheet, you see that Valley County's market value went from 1.5 billion to 1.8 billion or $256 million

increase in one year. That is incredible. So even though this looks like an incredible increase, keep in mind the market value that went up. Also, their population went up more than everyone else by a percentage 2.88% or 217 people. The rent in Valley County has gone from $350 for 2-bedroom apartment to between $700-$900 per month. We know that the County Commissioners are looking at low income housing for people working in Valley County. Valley County is where we are spending our time. We have 1-Environmental Health Specialist and have supplemented him at least 1-2 days a week all year from Boise.

Mr. Wheeler said another point to consider is that the population of 7700 people is extremely low as to what is actually there. There are the people that are on the census. At anyone time the population of that county is way more than that.

Mrs. Holley said that the formula is based 70% on population and 30% of market value. Most of the money that comes through the county is based on market value because it is on property tax. So when they came up with this formula they may have not been thinking quite right. Market runs things.

Our District's population is 369,000, which is 27% of the fourth fastest growing state in the nation. The new census data says that we are the fourth fastest state in the nation and the majority of those people are moving to our district. We are getting over 50% of the increases in Ada and Canyon County.

Page 4 – we talk about revenues, fee revenues. 11% increase projection for fees based upon demand for services. Obviously whenever we do the land development and sewage that is really a big push in March because it is driven by what happens in the community. We are being reasonably conservative on what we are estimating for Environmental Health, but even with that we are expecting increases based upon what is going on and what we know is available lots. We expect they'll bring in that much money. The other increases, Immunizations, Family Planning are just volume. We won't come to you with any changes in the way we charge our fees until August. This is strictly volume. If you come to our waiting rooms any day of the week you'll see what it looks like. Unbelievable what our work load looks like.

The other revenue on the bottom is Senior Meals, is responsible for the increase this year. Donations are up, we again in Senior Meals are seeing an increase in the total number of clients that are coming through the door. So we are having the same phenomenom happening there. We are getting more demand for home delivered meals, which tells you that we are getting a larger frail elderly population.

Page 5 – Grant and Contract Revenue. Many of our programs are experiencing modest increases in our contracts based upon demand. Unfortunately the way the contracts are figured in our state is that 60% of the contract is divided evenly by 7 for the 2-health departments. 40% is divided based upon performance. This year because of some new federal regulations and the desire by our biggest contractor, the Division of Health in Health and Welfare, to fund our contracts based upon service delivery. I volunteered to

be on the committee to reestablish the funding formula. I am hoping that we will be able to get a larger percentage based upon performance. If we do that, we will get a larger share of the money. Some of the districts weren't actually able to use all of their money, and we have a waiting list. So a major shift needs to happen in the way the contracts are figured. Even with it, we came up with an extra ½ million dollars. A good amount of it obviously came from HRSA (Health Resources Administration) that comes through Public Health Preparedness. Health Promotion lost about $65,000. Part of it was from the Millenium Fund decrease that we got a cut in. Part of it was because the state did not get funded through the Millenium Fund. Epidemiology loss was because the state decided not to fund the Research Analyst position, which we had to lay off.

The Immunization grant has fluctuated. One got an increase and one a decrease, but if you notice we netted an extra $39,000 for refugees. That is like a double edge sword. We are getting more refugees. It is costing every other program we have a lot more money in translators and the time. When I talked to the Nurse Practioners in Family Planning, an exam that normally takes 20-30 minutes, with the refugee and an interpreter and cultural problems, the exam takes about an 1 hr and 20 minutes. It is an exam process. We heard that Twin Falls is refusing to take any more refugees, so they are all coming to Boise.

Page 6 – The start of our costs. Personnel has two stories, the health insurance and staffing. The agency cost for health insurance for each employee is going up $650 per employee for a total of $147,000. That is one of the biggest drivers we have this year in our costs. It is keeping us from doing other things, but it is something we have no negotiation with. As you can see, we started out with 145.2 FTEs and ended up with 142.9 FTEs. We eliminated those 2-manager jobs, plus the Research Analyst, and then we moved some FTEs around, tried to get a little bit more FTE into WIC, which has a waiting list, into our Senior Nutrition Program, Immunizations, and Family Planning. The places that we have the biggest draw for services. We consolidated Public Health Preparedness and Environmental Health, and were able to get a little bit of economy of scale savings there too. Of that, 578,000 worth of new changes, 67% of it is the 27th pay period and the increase in benefits. The 27th pay period is a quarter of a million dollars and I believe that the way this works out, is our fiscal year basically starts on a Thursday and ends on a Saturday, so it includes an additional Friday pay period. It doesn't mean that next year we will have 25, next year we'll have 26. It happens every 11 – 13 years. The last time it happened, the Finance Officer had not budget for it. Meghan has it under control. The state will pay 19% of the 27th pay period. We are proposing a 2% merit pool with a .30 cent minimum, thus giving employees who earn less than $15/hour the largest increase. We feel really strongly that we need to give our staff at least some sort of an increase and this what we are proposing. The rational for the .30, we did a mathematical computation, the least expensive option for health insurance for a single mother with children, which is a good number of our staff, is $89/month. We will be paying that extra amount, but so will the staff. They are going to have to pay a 15% increase on their insurance or $23/month. With a .30 minimum, a $10/employee an hour increases their monthly wage by $50, then subtract $23 for paying for her health insurance, and she comes out with a net before taxes of $27. If we just gave a 2% to that

$10/hour employee, they actually go in the hole $2, which is why we set the .30 minimum. Just so they don't go in the hole on their insurance. We took all of the employees and put them into two categories. We found that there is a natural break in employee salary at $15/hour. Most of our paraprofessionals and our clerical staff are below $15, and most of our professional staff are about $15, so it made some sense to use that as the cutoff amount. When you have an $8/hour employee a 2% increase is .16.

The operating costs, we have two drivers. 68% of the costs are the HRSA allotments to the hospitals, paramedics, EMS, etc. I want to tell you about the allocation and how they did that in the HRSA program. We have a HRSA coordinator, Cathy Deckys. She brought this whole group of medical personnel together to come up with a consensus on how to spend the money. The thing that was fun to watch, was that everyone put on the table what they thought they needed to do the public health preparedness stuff. Very specific things need to be done. They put all cards on table and said what they need and did a give and take, and came up with a process, and everyone agreed with what ever everybody else was going to get. Then bids came in and they were less, now Cathy is going back to the group telling them we have this much more money so they can decide where they are going to spend it. It was one of the most incredible group processes I have ever seen. It was an on-top of the table, really a positive thing, I think we earned a lot of pluses with the local services, because they appreciated and understood each other a lot better and have all met each other.

The second driver for our operating is our aging building, which is now 11-years old. We don't have any mortgages but now have operating expenses for the building. Mountain Home is over 25 years old, McCall is over 15 years, and Boise turned 11 on April 1st. We have turned over all of the building management to Kathy Hansen. To give you an example, the water heater and compressor needed replacement, HVAC motors and heat pumps have been replaced, two urinals replaced, etc. So instead of $150,000 building payment, we have $150,000 of operating expenses for all of the buildings. Kathy keeps it tight.

For capital, the only thing that we are asking is to put the replacement vehicle in our existing budget. We come to you for a plan for all of our capital designations at our August board meeting. Since you have allowed us to use our carryover money to pay for the 27th pay period, you will not see hardly anything. We will probably use up about all of our carryover to pay for the 27th pay period, because it is not reoccurring.

Pages 8 & 9 are the detailed program level budgets. You will see that reserved funding, $242,000 is the funding to pay for the 27th pay period. That is the only unusual thing you'll on the budget that you would normally not see on the budget.

In conclusion, it is as always a balanced budget. We designated that $242,000 from reserve because it is a one time expense and we are really close to having that much from carryover from FY05. More people are coming through the door. I am amazed at how gracious our staff are when they are stressed right to the max in terms of the way that they serve each one of our clients. I do hope that you will approve our budget with the

salary increases. We are trying to utilize the best science and determine the direction and measurables that we should be doing. We are just finding ourselves in an interesting position when we have this much growth occurring in our district. It really is pushing us right to the edge. I remain optimistic as always and positive about our services and our reputation, our quality and our integrity. I found another quote, "A positive attitude may not solve all of your problems, but it will annoy enough people to make it worth the effort."

Dr. Gabica questioned the issue on translators the variety of languages that we have to deal with now, which brings up the question of the variety of cultural differences that we have to deal with now, which is all wrapped up in a package. Do we have an action plan on how to deal with that, going forward, or some kind of scheme to do that, because it is only going to get worse. My first thought is talking to a health department in Tuscan or New York City, or looking at what someone else is doing who has had the problem for along time. How do they handle the cultural differences and keep the costs at a reasonable level to deal with the cultural differences.

Mrs. Holley responded, that this is one of things that will be at the NACCHO meeting in Boston. We will actually talk about these. What they are calling the "Great Unfunded Mandate." It is interesting that the acronym for this is GUM, because it is kind of sticky. We are going to talk about this at that meeting, because some of the states are really getting hit by this. Everbody has adjusted to having the Spanish bilingual, bicultural, but it is the others. California is really leading the way. We will talk to them. I talked to the Director of the Orange County health department. He said that he has staff who speak 25-different languages on staff because it is the only way that I can deal with the clients that we have to serve. It is a challenge for us just to have adequate Spanish speaking staff. We just looked into this Bosnian in WIC. We now are surveying our own staff asking what languages they speak that we don't know about. We have staff who speak Mandarin, Cantonese, French, and Estonian. It was Dieuwke Spencer's responsibility in EPI because we had a compliance order that we had to adhere to for 3-years, and that is done. Cindy Trail is doing it now. We are actually thinking that a lot of it we need to move to the clinical folks because that is where we are having the most trouble. Even in Environmental Health we now have a bilingual front counter person because of all the people that come in who are Spanish speaking who want to open up restaurants. We really are working hard on that. We don't exactly have a plan, but one of the cultural plans that we have, is that we have the lady that screens all of our refugees. We are now going to start having her do updates to the programs that provide services. Updating on how many refugees are expected to come to our area. We have a refugees contract that comes through Health District 2, although they don't have any refugees. Only us and District 5 basically have refugees.

The Center for New Beginnings on Jefferson helps with refugees, and Mountain States Institute, which we work with.

Dr. Gabica asked for a workgroup plan on this in 6-months, or after Mrs. Holley attends the NACCHO meeting where this will be discussed.

Dr. Gabica said that he has been taking CPA classes. He told Meghan that it would be smart to have a accounting line in our day to day counting that lines out 11/14 per year of our salary for one pay period. To keep track and to keep reserve, because the 11/14 is the 27th pay period. We should accrue for that starting at the end of this year. Mrs. Muguira responded that if you do it in relation to our total budget, it is a small amount. Dr. Gabica said that it would be 11/14 of each pay period. But when it hits you it hurts. It will be bigger next time. Mrs. Muguira said that one of the things that we did not due, is budget in anticipation of these costs. We did not budget any salary savings, which a lot of time we do. WE'll take 1% or so, $70,000 and actually take that away from the budget to help us. We didn't budget that in which is helping contribute to the savings.

Mr. Scanlin asked what is on the Page 9, under Health Community Promotion is NACO/Valley County Asthma. It is National Association of Counties gave us a grant to study the asthma issue in Valley County. We applied for a grant because they have some problems that they have up there that we don't have anywhere else. The asthma coordinator evaluate and Valley County has a higher than what we anticipated incidence of asthma which doesn't make sense. Mr. Wheeler and Dr. Gabica said that it does make sense. There is because of the pollen from the woods, controlled burning and wood burning in the winter. The valley is inverted.

> **Motion:** Ms. Young moved to approve the budget as presented; Mr. Scanlin seconded; all in favor; motion carried.

HEALTH METRIC ASSESSMENT OF WIC – Karen Martz, WIC Coordinator

Mrs. Martz introduced Katie Troshynski, intern from the ISU Dietetic Internship Program in Boise. WIC has been hosting dietetic interns at CDHD for the last 2-years. The interns are with CDHD for a total of 4-weeks.

Mrs. Martz gave the Board a WIC 101 presentation to familiarize the board with the eligibility criteria. WIC is the only performance based program in the country, which means that the program is paid based upon participants. This year because of our performance level during October through December (federal fiscal year) in our district we generated $30,000 more money so there was a mid year contract revision.

To be on WIC you have to meet four eligibility criteria: 1) pregnant or breastfeeding woman, 2) a postpartum woman within 6-months of delivery, 3) or have an infant or child under age 5 years. We can only serve people who live in our district. Third your income has to be within our income guidelines. WIC serves at 185% of OMB office of management budget federal level, poverty level. Usually that level changes every May 1st. However, this year the state was told by the feds to hold off adjusting the upper limit of the WIC service level until July 1. There was no reason given for that delay. She speculated that WIC is growing nationally a lot, it is exceeding its funding level and this is a way to hold off a big crisis the end of the summer. There has been some speculation that the feds will hold or reduce programs such as WIC or other child nutrition programs in order to redistribute the money to the department of defense. We are not sure what is

going to happen down the road. That is gross household income, and based upon household numbers.

The fourth criteria is that they have to be one of nutritional risk criteria. We determine that by weighing and measuring the individual if they are 9 months are older poking their fingers for a hemoglobin evaluation and looking into some other pertinent health information. You have to meet all 4-criteria. About 60 – 65% of our caseload is Medicaid eligible.

The benefits of being on WIC are the food vouchers and the WIC checks. We provide a lot nutrition education, counseling for nutrition and breastfeeding. And breastfeeding support. We do a lot of referrels. Some are mandated to H&W programs like Medicaid, and …. We also need to screen and refer anyone from newborn to 2-years of age who are not up to date on their immunization level, and to child support services. Those are required referrels, then the other ones are collected by either what clients express they need, or what we feel that might need after visiting with them.

She gave out a copy of what our checks look like, which are printed at the health district. They are given a brochure on what foods they can or cannot buy. We review that with them so that they know when they go to the store and have to by 36 oz of cereal they can figure out which brand to get 36 oz. They get a copy of the authorized food list.

Annually vendors who accept WIC checks have to go through vendor training. Client has to designate which store they will shop at.

Clients come in once a month to get a set of checks for month. Spread for month for distributing maximum amounts of food.

Participation in WIC. Karen has been with WIC since August of 1977. In the federal fiscal year of 1977 we served 22,011, last year we serviced 56,802 participants, and just based on this year's data so far we are looking at probably about 71,890. We just got our participation data in for last month, and we served 6,289 clients in District 4.

The ethinicity/race composition has been fairly steady. There has been a little bit of growth in Hispanic, but we saw that statewide. Our Asian population and black and white are consistent. Our Asian population is higher than anywhere else in the state.

The WIC program hires more bilingual staff in the district than anybody. 15 out of 24 of my staff are bilingual in Hispanic. We also have a staff person who speaks Bosnian and German. One of my staff was born in Estonia and still speaks Estonian and Russian and German. The end of December, it looked like little Africa in our lobby. We got a large number of Bantu. Now according to Connie we will see a few more Burmese, Cuban, and some Russian speaking clients.

Our interpreter costs have really grown. In 2003 we spent a little less than $1,000. This year so far we have spent $3461.95, and I am estimating that it will probably be up to $4,616 or higher.

These are not one time costs. They come back for our services. They are coming in with really bad health problems. They are under weight, rickets, etc. We are not just interpreting, we've got all of the cultural issues. We are trying to figure out to help them. Last summer the State WIC office contracted with a company out of Boston and Philadelphia called Healthmetrics. The Health Metrics team came around to every district health department, their main clinic and went out to several other small satellite clinics. They were looking for best practices. They have done this study in 2 or 3 other states already, so when they did their summary report, we got compared to the other districts as well as if they had data from the other states that they visited already, we had data from them. They are now going to be working shortly in Hawaii with the Hawaii WIC program. So we will be able to here how we compare with Hawaii. They came in and spent time with us in August last summer. Then in January they provided their report. This is a summary of what they found. Recognize that they are just talking about Boise.

Came to clinic and went out to 2-3 satellite clinics. They looked at best practices. Have done in 2-3 other states. WE got prepared to other districts. They are now working in shortly in Hawaii to see how we compare. They came in and spent time with us in august. In January provided report. Summary of what they found. Talking about only Boise.

Participation was one of the areas that they looked at. Boise has very good outcomes. The high score indicates that the participants are between very satisfied and completely satisfied that their certification are recertification. Highest scores were for the amount of time clients with staff in receiving pertinent nutrition information. The lowest scores that we received was for convenience of the clinic location and the amount of time spent waiting. There were very low ratings for grocery store treatment which is an issue everyone in the country. The state is going to address that.

The other thing they looked at was staff satisfaction, and Boise's score in overall satisfaction ranked between somewhat satisfied to very satisfied. The highest scores was for our telephone system, the quality of supplemental written materials in English and written policies and procedures. The lowest scores are for working effectively as a team and the amount of paperwork. I think they have a perception issue because I had an intern here previously that she had never seen such good teamwork. She is actually a manager of a place.

They also looked at clinical outcomes and indicators. They reviewed the charts of 30 pregnant women and 30 children an identified very high clinical outcome scores compared to other sites. Boise's breastfeeding rate was 90%, which is higher than the Idaho average in 1978. A 2010 health objective is 90% so we have hit that. Boise performed above Idaho averages for 6 of 8 measures related Boise Mass Index (BMI – an

indication of weight status), hemoglobin and diet recall. Diet recall, we do a 24-hour diet recall to get an idea of what people are typically eating.

Boise's score for overall participant education is 93%, the same national average for the healthmetrix WIC data base, and it is a little bit higher than Idaho's average of 91%.

The total unit costs to provide certifcation/recertification, for one child in Boise is $29.34. The Idaho average was $35.80. The cost for a pregnant woman to visit and be enrolled in WIC is $31.88. They didn't have a number for best practices but for the Idaho average it was $39.65.

If you look at the child certification/recertification visit, you will notice, we looked at Boise staff and direct costs. It costs $21.40. Best practice was $13.32. The Idaho average was $21.15, so we are right at the Idaho average. Space costs and other indirect expenses we came out to $29.49 when we add those costs in. Best practice was $28.66. The Idaho average was $35.80, wo we really move out in our state's costs and our indirect expenses, are much lower than other districts.

For a pregnant woman, our staff and direct costs are $23.43. The Idaho average it is $25. I find that amazing because this district pays the best wages of anywhere in the State, because we have to compete with the private companies, especially for the bilingual staff so we do have better wages than other places.

When you add space costs and indirect expenses Boise is at $31.88 compared to the Idaho average of $39.39, so our costs are lower.

So when you look at total adjusted unit costs for a child in Boise, we have a large share in counseling by the clinical assistants. Where we don't have a lot of costs is in other direct staff and then in supervision or supplies and space. We are putting our money is in the education portion. The same holds true for the pregnant woman. We hope that it has a payoff particularly in the improvement of the outcome of the pregnancy and the life of the child. In the WIC world, for every dollar this is a national statistic, for every dollar spent on WIC, you save $3-$4 in the first 60-days for a Medicaid baby. So in terms of costs it really is cheaper to pay up front.

Healthmetrix recommendations:

1) Have all participants remove only bulky clothing and shoes before being weighed except for those participants who clinical history and risk status make it important to track the the size and weight. The state office currently recommends weighing children in light clothing without shoes, infants and the state plans to continue this policy. I support that because it gives an accurate picture of the growth of this child is, and to look for child abuse. Children in foster care has grown dramatically this past year. There are a lot of parents in jail for drugs.

2) Send participants paperwork to fill out at home or fill out an appropriate website to download forms.
3)
4) Implement open access scheduling strategies to maintain low access times and lower the staff time not spent with participants.
5) Establish routine interval for followup visit to be 3 months rather than 2 months for low risk participants.
6) Have a separate staff member perform the intake/eligibility step at the front desk. In Boise we need another reception window for this happen, and we are remodeling and will add another reception window. Our plan is to have a customer service rep check the income status of the Medicaid clients.
7)
8)
9) Separating height and weight and hemoglobin measements information into a separate state. Steps completed by a different staff member in a clinical room. Have a separate staff person perform a nutritional counseling separate from her office.
10) Adjust the scheduling template to reflect the higher potential throughout, the cost benefits and reducing the time of clients.

At some point, these folks need to understand that these people aren't cattle. They do feel that way a little bit when we push 5,000 clients through a month. Plus I am concerned about how man people staff can talk to in one day. We want them to feel that they have personalized service and caring service.

The WIC program also has a bilingual dietitician and also does diabetes education.

PERTUSSIS UPDATE – Cindy Trail and Harry Ezell

Ms. Trail introduced the new Public Information Officer, Dave Fotsch. Harry Ezell R.N. and staff epidemiologist will do the pertussis update.

Mr. Ezell reported that there is an increase in number of pertussis cases. It is a shame that we are still having to have this conversation. Mid 1940's pertussis vaccine came out. It is still an issue because some choose to not immunize their children, some people are not completely immunized, and there have been some problems with vaccine. The fully vaccinated children that are starting kindergarten probably only 80 – 85% are totally protected. Over time, that protection wears out. This do not automatically update vaccine because of the side effects adverse reactions in anybody over age 7 increases so much that the experts have decided that it isn't worth it. By the time fully vaccinated kids reach their late teens only 5% have any protection. So we have to assume that no adults have protection.

There is good news on the horizon. The booster is one of the adolescent and adult pertussis vaccinations that probably will be approved by the FDA this spring, so we will be able to give pertussis boosters. Mr. Ezell that he thinks this will make a huge

difference. What you commonly see all across the nation is older brother and sisters or parents and adults have a really touch coughing illness, often it doesn't get medical attention or if it does it is thought to be bronchitis. Then the kids get sick, and go to a physician and are tested and find out it is pertussis. That ability to boost the viral protection really does make a difference.

It is a difficult diagnosis for physicians. There is no such thing as a perfect test. Mr. Ezell heard a pediatrician and infectious disease specialist give a talk about adolescent vaccines. One of the things he focused on was pertussis and this new pertussis vaccine. He said that authorities guestimate that only about 12% of pertussis cases are reported. So it is really only of those tip of the iceberg type things. Most people who have a bad cough don't go in. Many who do go in are not tested, just a clinical diagnosis is made. Many who are tested, if they not tested at the right time, the test is not going to work, so pertussis is really only occasionally identified.

With pertussis you have a very progressive profound cough. A few people get a fever. People just have these spasms of coughing and can't catch their breath. They cough for 6-10 weeks. The body does deal with it finally on its own.

2003 – 2004 there was a large increase in cases all across the United States. The state of Idaho in our district. From 1999 – 2003 we averaged between 13-14 cases a year. In 2004 production was up. In 2005 we have increased 200% over that 5-year average.

In Epidemiology we are somewhat obsessive about the way that we look at things. We describe things in terms of time, person and place. Mr. Ezell showed 3-clusters of cases. There have been a lot of sporadiac cases but we have had 3 significant clusters starting in the Fall through this Spring. In October in a childcare setting in Boise, there were 8 cases in late October. 4 of the children were in childcare, who spread it to older siblings then their parents.

The individual clusters. The initial cases in Mountain Home were in the girls basketball team. Between Christmas and New Years we learned about it. After talking to the girls we learned that the first case occurred 2 ½ months previously. It wasn't recognized as pertussis then. The cluster in Mountain Home started out in the girls basketball team in the high school. Other people got it too.

In Ada County so far we have had 22 cases to date. There were a couple of 4-month olds and 1-5 month old. They are the ones that are really worrisome because kids under 6-months if anyone is going to die from pertussis they are the ones. So far we have been lucky.

We reacted by using the Health Alert Network (HAN) to notify medical providers, labs people, first responders about a situation that we think should be of interest. We have sent out several of those. The most recent one we sent to all medical providers in our district (450 people). It is our chance to give unsolicited advice. We send out faxes and e-mails. We sent out a lot of letters when there is a case on the basketball team for

insistence or a childcare setting or classroom. It helps to have everyone get the same information in writing and phone numbers to call us rather than word spreading by word of mouth. Anna Duarte, a CDHD nurse in our childcare program, in a couple of situations really helped out. Once in that Fall childcare situation in Boise, after that was done, the board of that childcare met and Anna talked to them about immunizations. They really wrestled with the idea of admitting kids who are not immunized. So Anna gave them lots of information. Another childcare situation, Anna went out and did an assessment of immunizations records and saw who needed to get a DPT booster and that sort of thing.

One of the things we did in Mountain Home, in an effort to more quickly learn about cases, instead of passively waiting for a lab or a providers office to call, we proactively called for a 2-week period until no more cases were happening. We called all of the clinical settings, both in Mountain Home and on the base and the both the Elmore Memorial emergency and base emergency departments several times a week for 2-weeks. That helped a lot. We identified a lot of possible cases that ended up not being.

Where do we go from here? One of the questions, is the vaccine good, people don't get vaccinated, etc., this has always been this way. But why so many cases now. One of the theories that Chris Hahn, the State epidemeologist and Harry talked about was once you identify a few of pertussis cases we mount the kind of response that we did, where you make medical providers know this is going on. Testing icreases expedentially. This is a huge help to identify an illness that is difficult to identify. We continue to respond case by case. One of the things that can be done in outbreaks is to accelerate the immunizations schedule for giving pertussis vaccine. You can give them sooner and more frequently if you really have a serious outbreak. We are hesitant to do that because there are people at the CDC and the American Academy of Pediatrics who look at this stuff carefully in terms of when children have the best and most long lasting immune response if we vaccinate them. If have that down pretty well. If you start giving earlier and sooner the fear is that they won't have as good as endurance and the vaccine won't last as long as it does now. So how do you know it is over. The traditional rule is if you don't have another case reported since your last one occurred. The too longest incubation periods the outbreak is probably over. With pertussis the longest it can take from the moment of infection when somebody gets sick is 3-weeks. So if we go 6-weeks from having another case that means it is slowing down.

DIRECTOR'S REPORT – Kathy Holley, Director

Because of the Family Planning waiver with the legislator, Mrs. Holley proposed to the Board that we sponsor a resolution to the Idaho Association of Boards (IAB) and then to the Idaho Association of Counties (IAC), to put it on their legislative agenda to sponsor next year the Family Planning waiver. The rational is written in the resolution itself. I believe that it is an opportunity to push something that we might be able to make happen. We have quite a bit of work to do in the house, but the senate was supportive of it last year. How it works in the IAB is that an individual district sponsors it, it goes before the body and then they choose whether or not to sponsor the resolution. In order to get this

on the IAC platform, this is our avenue to go through the IAB. Certainly the IAC has a vested interested. Mrs. Holley has talked to the IAC executive folks and when they realized how much money it could potentially save the counties in terms of catastrophic funds, they were supportive. It is a matter of awareness.

> **Motion:** Mr. Wheeler moved to present the resolution to the districts; Ms. Egusquiza seconded; all in favor; motion carried.

CDC invited Mrs. Holley to attend a meeting May 10 & 11. They are paying all costs, travel and per deim. They have not done any orientation for health officers since she became a health officer 11 years ago. They picked the Board of the National Assocation of County and City health officers to come to the first meeting. Mrs. Holley asked for the Board's permission to go. It will be interesting. She will meet with Julie Gerberding at CDC. Approved.

Mrs. Holley made the Board aware of several community assessment activities that are going on and how it will effect the health district.

HCAP, which is a project that we started about 6 months ago in Ada County is the first step in getting a federally qualified health care clinic in Ada county. We have one small homeless clinic in Ada County, but the closest clinics we have to Ada County, is the Terry Reilly Clinic in Canyon County. We have an unusual consortium of people that have come together. Terry Reilly Health Clinic, the Family Practice Residency a free clinic, the Genesis Free Clinic, and both of the major hospitals coming together to do the right thing. One of the things they have decided to do is do an aggregate study of all the non-admit, non-emergency clients that have come in to both hospitals for the last year. About 34% of the clients that come in to both emergency rooms are either uninsured or Medicaid. They come in for non-emergent reasons. When the full survey is done, Mrs. Holley will share with the board. It will have some ramifications. Certainly if we had a federally qualified health care clinic you could divert a lot of those patients from the Ers. They could be seeing really emergent patients and perhaps decrease their staffing and possibly lower their costs. And the patients would get better care. What we have found is that Family Practice Residency is eligible if we support it. The health districts is eligible to become an FQHC look alike. Federally qualified Health Care clinic look alike. What that does is stabilize a lot of their expenses and allows them to get some federal reimbursement for all of the uninsured that they see. Family Practice sees the largest number of uninsured clients in our county. We used the state number which is 20% uninsured and theirs was somewhere around 32% clients uninsured. We are hoping that it will be a help in our area. A lot of the new jobs coming in don't have health insurance.

COMPASS, the metropolitan planning association has sanctioned 2-studies, Communities in Motion and Blue Print for Good Growth. One is specifically for the Boise area and the other is for Treasure Valley. Both are trying to figure out projections and how many people we are going to have and then try to decide where to put transportation dollars, other than where the governor has decided where they are going.

They have come up with two scenarios, either have a mixed use cooridors or blended satellite cities with mixed use corriddors. The community didn't like either idea. COMPASS paid a lot of money to outside experts. They will go back to drawing board. The report was supposed to have been done this month, but they are expecting that February of next year. These projections are to be used to decide on what this long range transportation planning is. Tom Turco and Mrs. Holley and now Rob Howarth are participating.

Steve – What about flu vaccine for next year. Have reserved through Adventis – 1 vendor. Prebooked 10,500 doses. Normal and high category. Considered all high risk.

ADJOURNED AT 3:35 P.M.

Respectfully submitted:

_____
Date:

_____ _____
Dr. Martin Gabica, Chair Kathy Holley, Secretary